

CENTRAL INTELLIGENCE AGENCY
INFORMATION REPORT
 25X1A

COUNTRY Ecuador

DATE DISTR. 30 OCT 53

SUBJECT Health and Sanitation Data on Quito

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PLACE
ACQUIRED

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NO. OF ENCLS.
(LISTED BELOW)DATE
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REPORT NO.

DATE OF INFO

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SOURCE
25X1XI. GENERAL

1. (a) Population of city 225,000
 (b) Year of estimate 1950
 (c) Area in square miles 25
2. Direct communication (Commerce and Passenger traffic) is maintained between this city and (name only the most important countries and ports)
 - (a) By Rail - Guayaquil - river port and seaport
 - (b) By Airline - All capitals of the Western hemisphere and Europe

Comment: The railway line runs from Tulcan on the southern border of Colombia through Cuenca on the Sierra and connects with Guayaquil, main river and sea-port on the coast of Ecuador. On the northern part this connection could extend way up to Panama Canal Zone. There is one commercial airline, nationally owned, "AREA", which reaches weekly Miami, Florida, and Panama or Havana, Cuba, or Mexico City on the route. Three other US airlines, as well as Colombian, Brazilian and Argentine lines reach Quito on spaced flights throughout the year. Ships from almost all ports of the world stop at Guayaquil.

II. COMMUNITY HEALTH CONDITIONS

1. Give principal causes of death during past three years: Typhoid and Paratyphoid Fevers; Typhus; Tuberculosis; Malaria; Dysentery Unspecified

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2. What diseases are locally regarded as endemic (if possible, list in descending order of cases per year)?
Typhoid fever; Typhus; Tuberculosis; Amoebic Dysentery; Unspecified Dysentery; Poliomyelitis.

III. WATER

1. (a) Does the city have a public water supply system? Yes
- (b) Describe the system (ownership, source of supply, treatment, distribution):
There are two bored wells, modern installations supplying northeastern zone; one spring supplying southwestern zone, treated, chlorinated; northwestern source of water is taken from mountain cascade, is treated but old system of installations allows contamination which is cause of typhoid outbreaks.
- (c) Is the public system adequate to furnish water to whole population? No - ever increasing expansion of city leaves out 20%.
- (d) What percent of the population actually uses the public supply? 80%
- (e) How is sanitary quality of water checked? Municipal laboratory runs daily and monthly tests.
- (f) Is the water from the public supply safe to use without further treatment such as boiling? Water in northeastern and southwestern zones is safe; others require boiling.
- (g) What water do you drink? Southwestern source, mineral water.
- (h) Are bottled waters used extensively? No Why? Too expensive
- (i) Are ships supplied from the public supply? Yes, northeastern for airplanes, boiling required.

IV. FOOD

1. Does the Health Department or some other agency exercise control over the following:

Slaughtering	Yes	Shellfish	Yes	Restaurants	Yes
Handling meats	Yes	Markets	Yes		
Fish	Yes	Other foods	Yes		
2. How is cow's milk distributed? A large percentage of supply is brought by the farmer to distributing places in town.
What percent of milk available is: Pasteurized 20% Bottled 20%
What percent of dairy cattle are tuberculin tested 80% By whom - Ministry of Agriculture
Does any official agency control the sanitary quality of milk? Municipal laboratory, according to modern standards.
3. Disposal systems
 - (a) Has the city an operating sanitary sewerage system? Yes
 - (b) What part of the whole population is served by it? 80%
 - (c) Where there is no such system what is the most common method used for disposal of human excreta? Public sanitary rest rooms, pit privies.
 - (d) What is the ultimate disposal of sewage? To river, untreated
 - (e) Are human excreta used for fertilizing land? No
 - (f) Is there a drainage system adequate to carry surface runoff? Yes
 - (g) Are there storm sewers? Yes
 - (h) Are there any places near the city where surface water collects and stands after heavy rain? Yes, topography lends itself to temporary accumulation in oldest part of town
 - (i) Is there a general collection of garbage? Yes How often? Daily
 - (j) Is other refuse collected? Yes, for incinerator
 - (k) What ultimate disposal is made of garbage? Some burned in incinerators, some buried Of other refuse? Burned or buried, also used to fill in low land
 - (l) What method is used for disposal of the dead? Burial and cremation

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4. Pest Control (Is there any organized method to control)
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|-------------------|-----|
| Mosquitoes | Yes |
| Flies | Yes |
| Lice | Yes |
| Rodents and fleas | Yes |

V. MEDICAL AND HOSPITAL FACILITIES

1. Number of hospitals 9
2. Total number of hospital beds 3,000
3. Are the following types of service available
 - (a) Medical Yes
 - (b) Surgical Yes
 - (c) Dental Yes
 - (d) Nursing Yes
 - (e) Obstetrical Yes
4. If the services listed in (4) are not available where would you go to secure them? Wealthy people go to the US and Panama
5. Are common drugs easily available? Very easily available

Comment: There are a number of private clinics, some of them specializing in some branch of medicine or surgery. The clinics, outposts, health stations maintained in rural areas are operated either by the Ecuadorian Red Cross, government, or local municipality. Social security hospitals take care of 90% of workmen. In the hospitals giving charity service nothing is charged the poor. People from other cities in the Sierra go to "Espejo Hospital" which is the largest.

VI. LOCAL HEALTH AND WELFARE ADMINISTRATION

1. Are there active divisions of:

Tuberculosis control	Yes
Venereal disease	Yes
Sanitation	Yes
Maternity, infant	Yes
Child health	Yes
Social services for follow-up of infectious diseases	Yes
2. What non-government health organizations operate in the city or its environs? Social Security Service, municipal health agencies
3. Are cases of communicable diseases reported? Yes, under the penalty of law
4. What immunization procedures are applied to children? Pertussis, diphtheria, tetanus, smallpox; over 10 years old, typhoid fever vaccine
5. What immunization procedures are applied to the general public? Typhoid fever; yellow fever (for those who are going out into the jungle where there has been a previous outbreak); smallpox
6. If there is a system of public assistance in operation give the percentage of the whole population that is dependent on it: In the city 60% In the suburbs and surrounding areas 90%

VII. CONCLUSIONS ON HEALTH AND SANITATION DATA

1. Give your personal opinion as to the general conditions listed below:

Health conditions	- Good
Sanitation	- Fair
Available medical, dental and hospital care	- Good
Climatic effect on children, women and men	- Good
2. What special precautions must be taken in order to remain in good physical and mental health? Boil water; don't eat things offered on sheets; boil milk; protect against cold weather past midnight; disinfect green leaves sold on streets
3. Are there any hazards that would affect infants and children? Traffic conditions, eating food sold on streets.

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VIII. SUPPLEMENTAL QUESTIONS

1. Education

- (a) Describe and evaluate briefly the locally available primary and high school facilities. Indicate particularly at what levels and in what schools English is taught.

Numerous kindergartens are bilingual, English-Spanish. Primary school attendance compulsory up to completion of 8th grade (6 years). There are high schools with six-year courses leading to a Bachelor's degree; vocational high school; art and music school; business schools. One high school, the "American School of Quito", has American teachers and the teaching is done in English, accepted US regulations.

- (b) Describe briefly the facilities of the recognized colleges or universities which are available within the country, indicating their location.

Central University of Ecuador, Catholic University of Quito, National Polytechnic Institute, National Industrial College, National Art Institute, a music college, Business and Languages College - all located in Quito.

In Guayaquil: University of Guayaquil, all educational facilities.

In Cuenca: University of Cuenca.

In Loja: University of Loja.

In Ambato: Industrial and Vocational College.

- (c) Medical schools - give data listed below for each medical school in your country:

(1) Curricula: Preclinical and medical - 8 years in all.

- a. Are special courses (either long or short) given for training in Public Health Work, to doctors, dentists, nurses, sanitary inspectors and technicians? We do not have any school of Public Health organized as in the US - doctors interested in Public Health work go to foreign countries. Since 1950 we have a school for nurses, sanitary inspectors and laboratory technicians.

(2) Quality of training - Good

(3) Teaching facilities - Good

2. Medical research and development: Economic factors limit research work and this is coupled with work done by senior medical students as part of their Doctoral degrees.

- (a) Available scientific manpower - Scarce

(b) Teaching facilities - Laboratories are equipped with the essentials for good teaching - we cannot afford fancy equipment

(c) Laboratory facilities - There are four good laboratories, modernly equipped, technicians in charge have been trained in Europe, Argentina and the US.

(d) What significant medical research is being conducted? Work related to tuberculosis, leprosy, rabies, yaws, gastro-enteritis, nutrition, etc.

(e) What is country's ability to synthesize drugs which normally are imported? "Life" Laboratories are the only ones that have this ability with an establishment over ten years old - National, Italian and German technicians work in that organization.

GENERAL REMARKS

I have been unable to obtain any statistics on morbidity and mortality in Quito.

I would like to furnish you additional data regarding medical education. To become a physician or surgeon one has to hold a degree of Bachelor in Biological Sciences. This degree is conferred after six years of study at approved schools on and above high school levels. Once the Bachelor degree is obtained, you may apply to enter the medical school at a university. If application is approved within the established level of 120 students per year, you have to take written or oral examinations to be accepted as a candidate for the medical school. Those who qualify are accepted on the basis of their academic training. Students with

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a mark of 80% or above qualify as proper candidates, those below that mark are accepted as special students if they pass the examinations which are on high school levels. The student then enters the first year, preparatory, chemistry, biology, physics, botany, histology are reviewed. Those who pass enter into the medical courses. Generally during the first three years the basic medical subjects are taught: anatomy, biology, physiology, biochemistry, pathology, etc. The student starts hospital attendance during the second year. He generally accompanies the chief of the ward in making the rounds, observing the taking of clinical histories and winding up taking them. From the third year on the clinical work is emphasized and therapeutics are taught. In the fourth year surgery starts and is maintained up to the seventh course in which the student, depending on ability, operates on patients under the guidance of professors of surgery and surgical ward chiefs. The student is completely responsible for the patient from the beginning of admission to the surgery ward up to the discharge or death. A report has to be submitted for every patient and these reports are used for round table discussions of the highlights. In the clinical wards the work of the student is similar. Each student is in charge of two or three beds and is responsible for the clinical histories and the follow-up of every step in treatment. Students do not run laboratory tests - it is done for them. However, this work is included in the fifth course. From the fourth year on, a student may become an intern by competing under a board of examiners - there is a limited number of vacancies every year. The student receives US\$250 per month and some are entitled to free food and room at the hospital. These interns have call turns for a whole week, either night or day, once a month. Besides the interns, there are also residents. These are the students who get to the 7th year, become residents for a whole calendar year and are chiefs of wards under the supervision of the physician or surgeon in charge of the ward. No student is eligible to receive the doctoral degree unless he has passed his year of internship. During this year or one year before he may get the approval to prepare a doctoral thesis. The doctoral thesis comprises some small medical research project on a subject that is of interest to our national medicine. Theses are studied and approved by Boards appointed by the faculty. Those who have their theses approved may get their MD degrees after passing oral examinations before special Boards. There are three examinations: clinical, surgical, a specialty (pediatrics, obstetrics, etc) started three years before - and finally a discussion of the thesis. Having passed all the above, the student receives the degree of physician and surgeon.

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